

FROM : LAW OFFICE OF GEORGE FINCH PHONE NO. : 310+315 821

Mar. 30 2001 04:28PM P2

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PTOSH001 (12-97)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.53)		Attorney Docket Number	SOFT-0006A
		First Named Inventor	UDELL et al.
		COMPLETE IF KNOWN	
		Application Number	/
		Filing Date	3 April 2001
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, postal office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention which is claimed and for which a patent is sought on the invention entitled:

**COROSOLIC ACID FORMULATION AND ITS APPLICATION FOR WEIGHT-LOSS MANAGEMENT AND BLOOD SUGAR BALANCE**

the specification of which (Title of the invention)

☒ is a new invention

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above numbered specification, including the claims, as amended by any amendments specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim to own priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or patent(s) of any PCT international application which designates at least one country other than the United States of America, filed on or after and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Patent Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of provisional patent application(s) filed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/194,913	5 April 2001	<input type="checkbox"/>

(Page 1 of 2)

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FROM : LAW OFFICE OF GEORGE W. FINCH PHONE NO. : 310+315 8210

Mar. 30 2001 04:29PM P3

Where appropriate, enter the serial number of the

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PTO/USC (12-97)

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119 of any United States application(s), or 35 U.S.C. 112, of any PCT international application designating the United States of America, filed before and entitled to the benefit of the claims of this application is not disclosed in the prior United States or PCT (international) application in this manner provided by the first paragraph of 35 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.54 which became available between the filing date of the prior application and the national (or PCT) international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/USC attached hereto.

As a named inventor, I hereby represent the following registered practitioner(s) to prosecute the application and to transmit all notices in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Customer Number 24046	Place Customer Number Bar Code Label Here
<input checked="" type="checkbox"/> Registered practitioner(s) name(s) and registration number(s) listed below	

Name	Registration Number	Name	Registration Number
George W. Finch	25,113		

☐ Additional registered practitioner(s) name(s) and registration number(s) are listed on a supplemental practitioner information sheet PTO/USC attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label 24046 OR ☒ Correspondence address below

Name	George W. Finch		
Address	1620 26th Street, Suite 6000, North Tower		
Address			
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Country		ZIP	90404-4044
Telephone	(310) 315-8234	Fax	310) 315-8210

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unclaimed inventor

Given Name (first and middle if any)	Family Name or Surname
Ronald G.	WELL

Inventor's Signature	Date
<i>Ronald G. Well</i>	4/2/01

Residence City	Beverly Hills	State	CA	Country	USA	Citizenship	USA
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Post Office Address	527 Hillgreen Drive
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Post Office Address	
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City	Beverly Hills	State	CA	ZIP	90212	Country	USA
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☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/USC attached hereto

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Mar. 30 2001 04:29PM P4

Please type a declaration of the following: ☐

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
SIVA P.				HARI			
Inventor's Signature				Date	4/3/01		
Residence City	Riverside	State	CA	Country	USA		Citizenship
Post Office Address	3407 Sunnyside Drive						
Post Office Address							
City	Riverside	State	CA	ZIP	92506	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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